

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029600

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

149  
LED AUG 25 1961

1002

3845

29600

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

KANSAS CITY

Length of stay in lb

13 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

V A HOSPITAL

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY JACKSON

c. CITY  
OR  
TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

415 WEST 15TH STREET

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

GUY

GUERNSEY

ROGERS

4. DATE  
OF  
DEATH

Month

Day

Year

August 1, 1961

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7-31-84

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Bogard, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Leo Rogers

## 13b. MOTHER'S MAIDEN NAME

Mary Suggs

## 14. NAME OF HUSBAND OR WIFE

Earl H. Rogers, 3417 Ruby, K.C., Ks.  
VA Hospital Official Records, K.C. Mo.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WWI

## 17. INFORMANT

Earl H. Rogers, 3417 Ruby, K.C., Ks.  
VA Hospital Official Records, K.C. Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Squamous cell carcinoma, right mandibular area

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from April 21, 1961 to August 1, 1961

Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

R. H. OWINGS, M.D.

## 22b. ADDRESS

VA Hospital, Kansas City, Mo.

## 22c. DATE SIGNED

8-1-61

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Aug. 3, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

Maple Hill Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City, Kansas

## 24. FUNERAL DIRECTOR

D.W. Newcomer's Sons, Kansas City, Mo.

## 25. DATE RECD. BY LOCAL REG.

8-2-61

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold A. Reich

Licensed Embalmer No. 4998

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.